



**Oriental
Insurance**

**THE ORIENTAL INSURANCE COMPANY
LIMITED**

Regd. Office: Oriental House, A-25/27, AsafAli
Road, New Delhi-110002 CIN
No.U66010DL1947GOI007158


Customer Information Sheet

Description is illustrative and not exhaustive

Sl. No	Title	Description	Refer to Policy Clause No.
1	Product Name	Happy Family Floater Policy - 2021	
2	Policy No		
3	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4	Sum Insured (Basis) Along with Amount	Family Floater Basis: <ul style="list-style-type: none">• 4 Plans-Silver, Gold , Diamond & Platinum-Sum Insured Hospital admission longer than 24 hours (SI) Rs.1 lac to Rs.50 lacs• SILVER PLAN : Rs.1, 2,3,4 & 5 lakh• GOLD PLAN: Rs.6,7,8,9 & 10 lakh• DIAMOND PLAN: Rs.12, 15, 18 and 20 lacs• PLATINUM PLAN: Rs.,25,30, 40 and 50 lacs	3.1
5.	Policy Coverage (what the Policy covers	<ul style="list-style-type: none">• Related medical expenses incurred 30 days prior to hospitalization&.60 days from date of discharge.• Specified / Listed procedures requiring less than24 hours hospitalization (daycare)• Cover for 11 critical illnesses on benefit basis.• Donor Expenses when Insured is the Recipient• Organ Donor Benefit when Insured is the Donor• Medical Second Opinion on reimbursement basis• New born Baby cover.• Restoration of SI under 2 options-50% &100%.• Ayurveda, Siddha, Unani and Homeopathic treatment.• Optional Covers-Restoration of SI, Personal Accident, Life Hardship Survival benefit Extension of policy covering SAARC Countries.	3.1, 3.2

6	<p>Exclusions (what the policy does not cover)</p>	<ul style="list-style-type: none"> i. Any disease / illness any condition arising there from other than those specifically covered in the policy. ii. Pre-existing diseases. iii. Any hospital admission primarily for investigation/diagnostic purpose. iv. Sex change surgery, cosmetic surgery & plastic surgery. v. Infertility treatments. vi. Obesity and weight control. vii. Change of Gender treatments. viii. Excluded providers. ix. Hazardous or Adventure Sport. x. Refractive error, cosmetic dental surgeries. xi. Unproven Treatments. xii. Substance abuse, self-inflicted injuries. xiii. Breach of law. xiv. Treatments received in health hydro's, nature cure clinics, spas or similar establishments. xv. Dietary supplements and substances that can be purchased without prescription. <p>Any kind of admission fees, registration fees levied by the hospital.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	4
7	<p>Waiting period</p> <p>-Time period during which specified diseases/treatments are not covered</p> <p>-It is counted from the beginning of the policy coverage</p>	<ul style="list-style-type: none"> 1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 2. Specific waiting periods: 24 months for named diseases (clauses aa to bb) 3. Pre-existing diseases: Covered after 48 months 	<p>4.1</p> <p>4.2</p> <p>4.3</p>

8	<p>Financial Limit of Coverage .</p> <p>I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>iii) Deductible (it is a specified amount :</p>	<ul style="list-style-type: none"> • Upto sum insured. <p>A. HOSPITALISATION BENEFITS</p> <ul style="list-style-type: none"> • Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home: 1 % of the Sum Insured per day • Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home.*: 2% of the Sum Insured per day. • Daily Hospital Cash Allowance benefit of 0.1%of SI per day, max10 days per illness limited to 1.5% of SI in a policy period-Gold, Diamond & Platinum Plan. • Attendant Allowance- Rs.500 & Rs.1000 & Rs 1500 per day of hospitalization, in Gold Plan & Diamond Plan & Platinum Plan respectively, max 10 days per illness, limited to 15 days in a policy period- in respect of insured persons above the age of 90days to10 years. • Ambulance Charges-Rs 1000 to Rs.5000 per illness, limited toRs.3000-Rs.15000 per policy period. • Maternity Expenses cover up to 2.5% of SI, in Diamond Plan &Platinum Plan. • Air Ambulance Cover in Platinum Plan: Maximum upto 5% of the SI for medical emergency cases only. <p>B.DOMICILIARY HOSPITALISATION BENEFITS</p> <ul style="list-style-type: none"> i. 10% of Sum Insured, Maximum Rs.25000/- during the Policy Period in SILVER PLAN AND maximum Rs.50,000 per Insured Person, during the entire policy period for other plans. ii. Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.): Maximum Rs.5,000/- actually incurred on immunization injections in any one Policy Period. <ul style="list-style-type: none"> • Compulsory co-payment of 10% of each & every claim in SILVER PLAN ONLY. 	<p>3.1, 3.2</p> <p>3.1.3</p>
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	<p>Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount) iv) any other limit (as applicable)</p>		
9	<p>Claims/ claim Procedure</p>	<p>For Cashless Service: Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim: Policy issuing Office /TPA</p> <ul style="list-style-type: none"> • Cashless services for covered expenses in Network hospitals • Reimbursement of Admissible expenses <p>Web link for following :</p> <p>1. Network Hospital Details: https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true</p> <p>2. Help Line Number:  Toll free : 1800118485/011-33208485</p> <p>3. Hospitals which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/en/network-hospitals</p> <p>4. Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true</p>	5.22

10	Policy servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2. Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	
11	Grievances/ Complaints	<ul style="list-style-type: none"> • www.orientalinsurance.org.in • E-mail: csd@orientalinsurance.co.in • IRDAI Integrated Grievance Management System https://igms.irda.gov.in • Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure 1 of the policy document. <p>Ombudsman website: http://ecoi.co.in/ombudsman.html</p>	
12	Things to remember	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>B. Renewable Conditions</p> <ul style="list-style-type: none"> • Grace period of 30 days • Policy is ordinarily renewable <p>Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c. Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d. Right to port the policy from one company to another company – www.orientalinsurance.co.in</p> <p>e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>f. Insurer to specify the norms on TAT – Please refer to clause 9 of the CIS of policy document.</p>	

		<p>Moratorium Period: After Completion of eight continuous years under the policy no look back to be applied. This period of eight year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract.</p>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of Material Information during the policy period such as change in occupation.</p>	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder